



ATTORNEY/CLIENT PRIVILEGED INFORMATION- INDIVIDUAL

(Today's Date)

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Mobile Phone: _____ Email Address: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Do you prefer that we contact you at: Home Work Mobile

Do you prefer that we send invoices to you via: Email Mail Both

Do you currently have a will? Yes No If not, are you interested in creating one? Yes No

If you have a will, are you interested in updating it? Yes No

Have you consulted or retained any other attorneys on this matter before coming to this office?

Yes No If yes, please state who that attorney was:

Who are the potentially adverse parties in this matter?

How did you hear about us? Internet Yellow Pages Lawyer Referral Service

Referral from _____

For Firm Use:

Enter new client into: QB Address Book Excel Client List
 File Created Rep Agrmt Refer Matrix
 Conflicts-Check Database

Responsible Attorney: _____

File Name: _____

Retainer: _____

Category: _____

Client Type: _____